This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/492764

Total Fee Calculation

·	Fee Code	Total . # Claims	Number Extra X	Fee	Fcc =	Total
	S=Ag.			Sm. Estity	Lg. Entity	
Basic Filing Fee	201/101			345	-	345
Total Claims >20	203/103	8 -20 -	<u>o</u> x	· · · · · · · · · · · · · · · · · · ·	-	<u> </u>
Independent Claims >3	202/102	10 -3 -	<u>7</u> x	39	a	273
Mult. Dep Claim Present	204/104					
Surtherg:	205/105	٠.	•	65		65
ومنادادها المناوعة	139		•			·
TOTAL FEE CALCUL	ATTON					683
Fees due upon filing t	he application:			·	••	
* Total Filing Fees Due	= S	683				
Less Filing Fees Subm	ವು - S			· ;		
BALANCE DUE	= 5	683				
Office of Initial Paten	Exemination			·.		

FORM OPE-RAM-01 (Rev. 12/97)

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number
09/492-764

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER		
FOR				ER FILED					FEE	OR]	SMALL	FEE
BASIC FEE							345.00	OR		690.00		
то	OTAL CLAIMS		18	minus 2		b		X\$ 9=		OR	X\$18=	
IND	DEPENDENT CL	AIMS	10) minus	3 = * /	1		X39=	273	OR	X78=	220
MULTIPLE DEPENDENT CLAIM PRESENT								+130=.	1	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2							Ĺ	TOTAL	618	OR	TOTAL	· ·
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THA SMALL ENTITY OR SMALL ENTIT				
AMENDMENT A	DU	P/EM AF	AIMS IAINING TER NDMENT		HIGHEST NUMBER PREVIOUSL' PAID FOR	Y PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
END	Total	*	<u> 17</u>	Minus	**	= '		X\$ 9=		OR	X\$18=	
AM	Independent FIRST PRESE	NTATIO	N OF MI	Minus ULTIPLE DEF	PENDENT CLA	= AIM		X39=		OR	X78=	
								+130=	•	OR	+260=	
							<u>ı</u> _ A	TOTAL DDIT. FEE		OR,	TOTAL ADDIT. FEE	
 ,	<u> </u>		umn 1) AIMS	7	(Column 2	(Column 3)) ₍₌					
AMENDMENT B	erakueristak Eropologia	REM AF	IAINING FTER NDMENT		NUMBER PREVIOUSLY PAID FOR	Y PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Z O Z	Total	*		Minus	**	=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	* NTATIC	ON OF MU	Minus JLTIPLE DEP	PENDENT CLA	=		X39=		OR	X78=	
				70111 22 22.	LIDEII. OL	<u> </u>		+130=		OR	+260=	
							A۱	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Colu	umn 1) AIMS	1	(Column 2)) (Column 3)	· -			_		
MENT C		REM.	AINING TER IDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT Y EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**	=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	* NITATIC	N OF MI	Minus	***	=		X39=		OR	X78=	
	FINST PRESE	NIAIIC	IN OF MC	TIPLE DEP	ENDENT CLA	IIM J		+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												